09/20/2011 11:39

Image# 11932453741

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	ı An Authorize	ed Committee	Of	ffice Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING OR TYPE OR PRI		cample:If typing, type er the lines		
American Academy of Fam	ily Physicians Political	Action Committee			
		<u> </u>			
ADDRESS (number and street)	2021 Massachu	setts Avenue, NW			
Check if different than previously reported. (ACC)	Washington			DC L	20036
2. FEC IDENTIFICATION NU	MBER ₩	CITY 🛋		STATE	ZIPCODE 🛕
C00411553		3. IS THIS REPORT	X NEW (N) OR	AMEN (A)	IDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(  July 15 Quarterly Report(  October 15 Quarterly Report(  January 31 Quarterly Report(  July 31 Mid-Year Report(Non-elect Year Only) (MY)  Termination Report(TER)	(c) 12-Da PRE-E Repor  Q3)  YE)  (d) 30-Da Post Repor	Election t for the:  Election on	Jun 20 (M6	) X Sep 20	Year Only)  Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  in the State of
5. Covering Period	8 01	2011	through 0 8	31 2	0 1 1
I certify that I have examined this Type or Print Name of Treasurer Signature of Treasurer	Randell K. Wes	-		Date 0 9	20 2011
NOTE : Submission of false, err	oneous, or incomplete	information may s	ubject the person signing t	this Report to the per	nalties of 2 U.S.C 437g.
Office Use					FEC FORM 3X (Rev. 12/2004)

FE6AN026

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D " D 3 1 08 0 1 2011 0.8 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 253762.79 January 1 (b) Cash on Hand at 277557.60 Begining of Reporting Period ..... 25290.99 283670.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 302848.59 537432.85 6(a) and 6(c) for Column B) ..... 8993.97 243578.23 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 293854.62 293854.62 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

М М 0 1 м°м 8 0 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15986.09 199114.21 (i) Itemized (use Schedule A) ...... 8837.35 79046.61 (ii) Unitemized ..... (iii) TOTAL (add 24823.44 278160.82 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 24823.44 278160.82 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 467.55 5509.24 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 25290.99 283670.06 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 25290.99 283670.06 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 493.97 5078.23 Expenditures..... (c) Total Operating Expenditures 493.97 5078.23 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 8500.00 238500.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) ..... 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 8993.97 243578.23 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 8993.97 243578.23

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	24823.44	278160.82
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	24823.44	278160.82
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	493.97	5078.23
37.	Offsets to Operating Expenditures (from Line 15, page 3)	467.55	5509.24
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	26.42	-431.01

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physical Properties of the Community Physical Physi	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frederic Baker, MD  Mailing Address 32 Mark Cir  City Holden  FEC ID number of contributing federal political committee.  Name of Employer UMMHC  Receipt For: Primary General Other (specify)	State MA  C  Occupatio Physician Aggregate		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Craig S Banta, MD Mailing Address 60 Panorama Dr  City Redlands  FEC ID number of contributing federal political committee.  Name of Employer Beaver Medical Group  Receipt For: Primary General Other (specify)	State CA C Occupatio Physicial Aggregate		Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Marsha Jean Beyer, MD  Mailing Address 1964 117th Ave  City  Dresser  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State WI  C  Occupatio Physician Aggregate		Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional) .			815.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/38 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD		Date of Receipt
Mailing Address 4407 Leedy Rd		08 / 20 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C1359782
Kingsport	TN 37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer East Tennessee State Univ- ersity	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Robert C M Bourne, MD		Date of Receipt
Mailing Address 1300 E Cooley Dr		08 25 2011
City	State Zip Code	Transaction ID: C1349064
Colton	CA 92324-3905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Beaver Medical Group	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  273.78	
Full Name (Last, First, Middle Initial) Steven C Brandon, MD	<u> </u>	Date of Receipt
Mailing Address 501 Hospital Rd		0 8 0 4 2 0 1 1
City	State Zip Code	Transaction ID: C1339735
Starkville	MS 39759-2158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Leonard H. Brandon, MD, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (optional)		630.42
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb	·	630.42

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one)    X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
	Full Name (Last, First, Middle Initial) June G Bredin, MD			Date of Receipt
	Mailing Address 4924 153Rd PI Sw			0 8 1 3 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1343162
	Edmonds	WA	98026-4435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Wa DSHS/Rainier School	Occupation Famly P		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
	Full Name (Last, First, Middle Initial) John R Bucholtz, DO			Date of Receipt
	Mailing Address 6378 Cape Cod Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1339728
	Columbus	GA	31904-2916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Columbus Regional Healthc- are System	Occupatio Physicia		
	Receipt For:	<del>, ' ' '                               </del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		615.00	
_	Full Name (Last, First, Middle Initial) Cory D Carroll, MD			Date of Receipt
	Mailing Address 1040 E Elizabeth St S	Ste 2		0 8 1 7 2 0 1 1
	City	State	Zip Code	Transaction ID: C1343931
	Fort Collins	CO	80524-3952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
Г	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		445.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one)    X
	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD			Date of Receipt
	Mailing Address PO BOX 506			08 28 2011
	City Huntingdon	State TN	Zip Code 38344-0506	Transaction ID: C1351276  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self-Employed	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address 900 Ne 10Th St			0 8 1 6 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1359753
	Oklahoma City	OK	73104-5420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		333.33
	Name of Employer University of Oklahoma	Occupatio Physicial	n n Faculty	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2666.64	
_	Full Name (Last, First, Middle Initial) Byron James Crouse, MD			Date of Receipt
	Mailing Address 5825 Osmundsen Ct			08 11 2011
	City	State	Zip Code	Transaction ID: C1342982
	<u>Fitchburg</u>	WI	53711-5146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of Wisconsin	Occupatio Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		798.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose M David, MD  Mailing Address 804 Huntington Ct  City Albany  FEC ID number of contributing federal political committee.  Name of Employer Prime Care Physicians PL- LC  Receipt For:  Primary General Other (specify)	State Zip Code NY 12203-6015  C  Occupation Family Physician  Aggregate Year-to-Date  2500.00	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Paul Thackrah Davis, MD  Mailing Address 1912 Greendale Ave Univ Of Findlay  City Findlay  FEC ID number of contributing federal political committee.  Name of Employer University of Finley  Receipt For: Primary General Other (specify)	State Zip Code OH 45840-6920  C  Occupation Physician  Aggregate Year-to-Date   365.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gretchen M Dickson, MD  Mailing Address 2227 N Stoneybrook C  City Wichita  FEC ID number of contributing federal political committee.  Name of Employer Univ. of Kansas School of Medicine Receipt For:  Primary General Other (specify)	State Zip Code KS 67226-3617  C  Occupation Family Physician  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 8 2 0 1 1  Transaction ID: C1341644  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional)		1355.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physici	ans Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD  Mailing Address 1043 Sir James Ave			Date of Receipt
		State	Zip Code	08 02 2011
	City <u>Dyersburg</u>	TN	38024-7344	Transaction ID: C1332228  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Family Care, PC	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
 3.	Full Name (Last, First, Middle Initial) Wanda D Filer, MD  Mailing Address 510 Aqua Ct			Date of Receipt
				08 14 2011
	City York	State PA	Zip Code 17403-3623	Transaction ID: C1343165  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	17-00-0020	350.00
	Name of Employer Strategic Health Institute	Occupation Physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00	
. –	Full Name (Last, First, Middle Initial) Seth Yawki Flagg, MD			Date of Receipt
	Mailing Address 9129 Bradford Rd			08 03 7 9 9 9
	City Silver Spring	State MD	Zip Code 20901-4917	Transaction ID: C1334438  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20301-4317	35.00
	Name of Employer USN	Occupation Doctor	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional)			415.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  by information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or	for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	name and ad	dress of any political committee to	o solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial)  Michael O Fleming, MD  Mailing Address 556 Dunmoreland Dr			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Shreveport	State LA	Zip Code 71106-6125	Transaction ID: C1332229  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Amedisys, Inc  Receipt For:  Primary General  Other (specify) ▼		on edical Officer e Year-to-Date ▼ 1500.00	
— В.	Full Name (Last, First, Middle Initial)  Dennis Lynn Gingrich, MD  Mailing Address HMC, FAMILY MEDIC 500 University Dr	INE, H154		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1343160
	Hershey  FEC ID number of contributing federal political committee.	C	17033-2360	Amount of Each Receipt this Period  365.00
	Name of Employer Penn State University	Occupation Physicia	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
С.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence Dr			Date of Receipt  0 8 2 2 2 0 1 1
	City	State	Zip Code	Transaction ID: C1359788
	Waco FEC ID number of contributing federal political committee.	C	76707-2261	Amount of Each Receipt this Period 416.67
	Name of Employer Family Practice Center	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3333.36	
s	UBTOTAL of Receipts This Page (optional)			1031.67
T.	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to residuals.	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Ray Goin, MD Mailing Address 5934 Harmony Ln City Olympia	State Zip Code WA 98512-9443	Date of Receipt    M M M
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   365.00	
Full Name (Last, First, Middle Initial) James Wesley Guyer, MD Mailing Address 3314 Jack Burke I	Ln	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1351489
Billings	MT 59106-1112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer RiverStone Health Clinics	Occupation Physician/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lori J Heim, MD		Date of Receipt
Mailing Address 250 Hollybrook Fa	arm Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vass	State Zip Code NC 28394-8952	Transaction ID: C1351274
FEC ID number of contributing federal political committee.	C 26394-6932	Amount of Each Receipt this Period 416.67
Name of Employer Scotland Memorial Hospital	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SURTOTAL of Passinte This Page (antique	nal)	1281.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14/38   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD			Date of Receipt
Mailing Address PO BOX 5039			M M / D D / Y Y Y Y Y O D D / 2011
City Sioux Falls	State SD	Zip Code 57117-5039	Transaction ID: C1342987  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07117 0000	225.00
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Elvin Coy Irvin, MD			Date of Receipt
Mailing Address 555 E Cheves St			0 8 0 4 2 0 1 1
City	State	Zip Code	Transaction ID: C1343882
Florence	SC	29506-2617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Baptist Health Care	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Elvin Coy Irvin, MD			Date of Receipt
Mailing Address 555 E Cheves St			0 8 1 6 2 0 1 1
City Florence	State SC	Zip Code 29506-2617	Transaction ID: C1343883  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	29300-2017	50.00
Name of Employer Baptist Health Care	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional			325.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to y Physicians Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Init Jessica Johnson Mailing Address 38 Hall St  City Newington  FEC ID number of contributing federal political committee.  Name of Employer N/A	-	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 1 5 2 0 1 1  Transaction ID: C1343227  Amount of Each Receipt this Period  35.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	]
Full Name (Last, First, Middle Init Christina Marie Kelly, MD  Mailing Address 6502 62Nd \$	<u>'</u>	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C1351271
University Place	WA 98467-4954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Multicare Health System	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Init Laura C Knobel, MD	al)	Date of Receipt
Mailing Address 3 Freedom V	Vay	0 8 1 7 2 0 1 1
City	State Zip Code	Transaction ID: C1343932
Walpole  FEC ID number of contributing federal political committee.	MA 02081-2290	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
		235.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and Sor commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)  American Academy of Family Physici	ans Political	Action Committee	
<b>4.</b> _	Full Name (Last, First, Middle Initial) David E Kolva, MD			Date of Receipt
_	Mailing Address 12 Whitetail Cir  Dity	State	Zip Code	0 8 0 4 2 0 1 1
	Oswego	NY	13126-4158	Transaction ID: C1339740  Amount of Each Receipt this Period
- F	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer Self Employed	Occupatio Physicia		
F	Receipt For:  Primary General  Other (specify) ▼	<del>, ' ' '                               </del>	e Year-to-Date ▼ 250.00	
В	Full Name (Last, First, Middle Initial) Emory John Linder, MD Mailing Address 902 Averill Rd			Date of Receipt
_				08 04 2011
	City	State	Zip Code	Transaction ID: C1339742
_	Joppa	MD	21085-3827	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		365.00
1 1 -	Name of Employer Department of Defense	Occupatio Physicia		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	1
	Full Name (Last, First, Middle Initial)			
_	Leah Raye R Mabry, MD  Mailing Address 339 S Presa St			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
(	Dity	State	Zip Code	Transaction ID: C1348983
5	San Antonio	TX	78205-3425	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		100.00
1	Name of Employer Christus Health Care	Occupatio Physicia		
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
su	BTOTAL of Receipts This Page (optional) .			715.00
	TAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physici			
Full Name (Last, First, Middle Initial) John S Meigs, MD  Mailing Address 100 Serendipity Dr PO Box 289  City Brent  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State AL  C  Occupation Physician Aggregate		Date of Receipt  M M M O 4 2 0 1 1  Transaction ID: C1339745  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) John S Meigs, MD  Mailing Address 100 Serendipity Dr PO Box 289  City Brent  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State AL C Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 1 1 1  Transaction ID: C1342984  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial) John S Meigs, MD  Mailing Address 100 Serendipity Dr PO Box 289  City Brent  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State AL C Occupation Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line number			75.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/38   (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Academy of Family Physici	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) John S Meigs, MD			Date of Receipt
Mailing Address 100 Serendipity Dr PO Box 289			08 25 7 2011
City	State	Zip Code	Transaction ID: C1349067
Brent FEC ID number of contributing	AL	35034-3325	Amount of Each Receipt this Period
federal political committee.	C		25.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) John S Meigs, MD			Date of Receipt
Mailing Address 100 Serendipity Dr PO Box 289			08 30 YYYYY
City	State	Zip Code	Transaction ID: C1353041
Brent	AL	35034-3325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		850.00	
Full Name (Last, First, Middle Initial) M Diana Metzger, MD			Date of Receipt
Mailing Address 604 Baldwin Ln			0 8 0 5 2 0 1 1
City	State	Zip Code	Transaction ID: C1341585
Wilmington	DE	19803-3502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	icians Political Action Committee	
Full Name (Last, First, Middle Initial) Jon A Miller, MD		Date of Receipt
Mailing Address 1046 7Th St W		08 / 05 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C1341583
Whitefish	MT 59937-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Glacier Medical Associati- on	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Elisabeth Fowlie Mock, MD		Date of Receipt
Mailing Address 46 Clark Hill Rd		08 / 29 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C1353038
<u>Holden</u>	ME 04429-7253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	512.50
Name of Employer Eastern Maine Medical Cen- ter	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	512.50	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt
Mailing Address 104 W 5Th Ave Ste	200W	08 28 2011
City	State Zip Code	Transaction ID: C1351273
Spokane	WA 99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optiona	1	1127.50
TOTAL This Period (last page this line numl	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (cricer of my offer)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
American Academy of Family Phys	icians Political Action Committee	
Full Name (Last, First, Middle Initial) Dale C Moquist, MD		Date of Receipt
Mailing Address 14023 Southwest F	wy	08 17 2011
City	State Zip Code	Transaction ID: C1343933
Sugar Land	TX 77478-3550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Physicians at Sugar Creek	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Carrie E Nelson, MD		Date of Receipt
Mailing Address 520 W Indiana St		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1343226
Wheaton	IL 60187-2325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer McKesson Health Solutions	Occupation  Medical Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	3.00
Full Name (Last, First, Middle Initial) Javette C Orgain, MD		Date of Receipt
Mailing Address PO BOX 806527		08 22 2011
City	State Zip Code	Transaction ID: C1359787
Chicago	IL 60680-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer UNIVERSITY OF ILLINOIS CO- LLEGE OF MEDI	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900	0.00
	l)	256.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Maureen O Padden, MD, MPH  Mailing Address 2300 E St Nw Bureau Of Medicine City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20372-0001	Date of Receipt    M M
Name of Employer US Navy  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Elisabeth (Lisa) L Righter, MD  Mailing Address 229 S Morrison St UW Health Fox Val  City  Appleton	lley Family Medici State Zip Code WI 54911-5725	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer University of W1 School of Med. & Pub.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date  800.00	100.00
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani, DO Mailing Address 427 S Mountain Ro	I	Date of Receipt  0 8 0 6 2 0 1 1
City Northfield  FEC ID number of contributing federal political committee.	State Zip Code MA 01360-9684	Transaction ID: C1341612  Amount of Each Receipt this Period  50.00
Name of Employer Gardner Family Medicine	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)	185.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 38 (check only one)    X   11a
or for commercial p	ied from such Reports and Sturposes, other than using the MITTEE (In Full)	atements may	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	demy of Family Physicial	ns Political	Action Committee	
Paul David Salzb	07			Date of Receipt
Mailing Address  City	PO BOX 898	State	Zip Code	08 29 2011
<u>Callicoon</u>		NY	12723-0898	Transaction ID: C1351538  Amount of Each Receipt this Period
FEC ID number federal political of		C	12720 0000	60.00
Name of Employ Self-Employed	er	Occupation Physician		
Receipt For:	General	Aggregate	Year-to-Date ▼	7
Other (spe		0 0	300.00	
Full Name (Last, Sarah L Sams, M	First, Middle Initial)			Date of Receipt
Mailing Address	2994 Frazell Rd			08 28 YYYYY 2011
City		State	Zip Code	Transaction ID: C1351272
<u>Hilliard</u>		OH	43026-9785	Amount of Each Receipt this Period
FEC ID number federal political o		С		100.00
Name of Employ Grant Medical C	er enter	Occupation Physician		
Receipt For:		Aggregate	Year-to-Date <b>V</b>	
Primary Other (spe	☐ General cify) ▼		800.00	
Full Name (Last	First, Middle Initial) rager, MD			Date of Receipt
	6567 E Carondelet Dr S	Ste 555		08 23 2011
City		State AZ	Zip Code	Transaction ID: C1349068
Tucson FEC ID number federal political c		C	85710-6152	Amount of Each Receipt this Period 730.00
Name of Employ Self Employed	er	Occupation Physician		
Receipt For: Primary Other (spe	General	<u> </u>	Year-to-Date ▼ 730.00	
SUBTOTAL of Re	Leipts This Page (optional)			890.00
	d (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 38 (check only one)    X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brooke Maura Sciuto, MD		Date of Receipt
Mailing Address 5630 Los Pueblos  City	State Zip Code	0 8 0 5 2 0 1 1  Transaction ID: C1341610
Sacramento	CA 95835-2427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer USAF	Occupation Family Medicine Resident	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) George Wm Shannon, MD		Date of Receipt
Mailing Address 2301 Slate Dr	08 28 2011	
City	State Zip Code	Transaction ID: C1351277
Columbus	GA 31906-1443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Horizons Diagnostics	Occupation family physicias	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Wilbur Z Sine, MD		Date of Receipt
Mailing Address 1197 Van Voorhis	Rd	08 19 2011
City	State Zip Code	Transaction ID: C1348560
Morgantown	WV 26505-3478	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SURTOTAL of Receipts This Page (option	nal)	980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 38 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Robert J Skully, MD  Mailing Address Grant Medical Center 393 E Town St  City	Outpatient State	7:n Code	Date of Receipt  0 8 3 0 2 0 1 1
Columbus  FEC ID number of contributing federal political committee.	OH C	Zip Code 43215-4741	Transaction ID: C1353046  Amount of Each Receipt this Period  500.00
Name of Employer Grant Medical Center  Receipt For: Primary General Other (specify)	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) Brent Smith, MD Mailing Address 285 Normandy Cir City	State	Zip Code	Date of Receipt    M M
Madison  FEC ID number of contributing federal political committee.	MS C	39110-9057	Amount of Each Receipt this Period  30.50
Name of Employer University of Mississippi Medical Cent Receipt For:  Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Gil Solomon, MD Mailing Address 24508 Indian Hill Ln	<u> </u>		Date of Receipt
City West Hills FEC ID number of contributing federal political committee.	State CA	Zip Code 91307-3832	0 8 0 5 2 0 1 1  Transaction ID: C1341577  Amount of Each Receipt this Period  350.00
Name of Employer Anthem Blue Cross  Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		1
SUBTOTAL of Receipts This Page (optional)			880.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Phys	d Statements may not be sold or used by any person the name and address of any political committee to icians. Political Action Committee	
Full Name (Last, First, Middle Initial) Daniel R Spogen, MD  Mailing Address Brigham Building M  City Reno  FEC ID number of contributing federal political committee.  Name of Employer University of Nevada  Receipt For:		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Albert M Sterns, MD Mailing Address 1021 Drexel Pkwy	365.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer N.W Ala Emerg Phys	State Zip Code AL 35209-6001  C	Transaction ID: C1346865  Amount of Each Receipt this Period  150.00
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 1708 S Martin St  City Spokane  FEC ID number of contributing	State Zip Code WA 99203-3751	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Physician Aggregate Year-to-Date  4000.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	1015.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	Statemente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 38 (check only one)    X
,	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Academy of Family Physicia	e name and ad	ddress of any political committee to	os solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial)  Michael P Temporal, MD  Mailing Address 180 S 3Rd St Ste 400			Date of Receipt    M
	City	State	Zip Code	Transaction ID: C1342363
	Belleville  FEC ID number of contributing federal political committee.	C	62220-1952	Amount of Each Receipt this Period
	Name of Employer So. Illinois Healthcare Foundation Receipt For:  Primary General Other (specify) ▼	Occupation Physicia Aggregate		
В.	Full Name (Last, First, Middle Initial) Todd A Thames, MD Mailing Address 333 N Santa Rosa St	Apt F4703		Date of Receipt  0 8 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: C1331544
	San Antonio	TX	78207-3108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer CHRISTUS Santa Rosa Health System Receipt For:  Primary General Other (specify) ▼	<del>, ' ' '                               </del>	on an, Residency Program Direct e Year-to-Date ▼ 400.00	itor
C.	Full Name (Last, First, Middle Initial) Andrew J Ting, MD Mailing Address 15 Railroad Ave	1		Date of Receipt  0 8 0 7 2 0 1 1
	City	State	Zip Code	Transaction ID: C1341615
	S Hamilton	MA	01982-2218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Family Medicine Associates	Occupation Physicia	เท	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			200.00
Ī	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 38 (check only one)    X
A	ny information copied from such Reports and stor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
	Full Name (Last, First, Middle Initial) Martin I Victor, MD			Date of Receipt
	Mailing Address 1209 Bonaventure Dr			08 08 2011
	City	State	Zip Code	Transaction ID: C1341721
	Melbourne	FL	32940-1902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Kenton I Voorhees, MD			Date of Receipt
	Mailing Address 7953 S Franklin Ct			08 15 2011
	City	State	Zip Code	Transaction ID: C1343229
	Centennial	CO	80122-3255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of Colorado De- nver School o	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Randell K Wexler, MD			Date of Receipt
	Mailing Address 6040 Haybury Dr			08 31 2011
	City	State	Zip Code	Transaction ID: C1356769
	New Albany	OH	43054-8691	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ohio State University	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	1500.00	
	SUBTOTAL of Receipts This Page (optional) .			1165.00

A.

В.

Receipt For:

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X)

PAGE 28/38 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Date of Receipt Mailing Address 59 Tipton Dr 08 3 1 2011 City State Zip Code Transaction ID: C1356768 Dahlonega GA 30533-1603 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Chestatee Regional Hospit-Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 1750.00 Other (specify) Full Name (Last, First, Middle Initial) Robert A Zink, MD Date of Receipt Mailing Address 6945 Kingsbury Blvd 8 0 15 2011 City State Zip Code Transaction ID: C1343236 Saint Louis MO 63130-4328 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Retired Occupation Physician

Aggregate Year-to-Date

365.00

SUBTOTAL of Receipts This Page (optional)	•	615.00
TOTAL This Period (last page this line number only)	<u> </u>	15986.09

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 38 (check only one)  11a 11b 11c 12 13 14 X 15 16 1							
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
	American Academy of Family Physicia	ans Political	Action Committee								
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt							
	Mailing Address 11400 Tomahawk Cre			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: C1343875							
	Leawood	KS	66211-2672	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		53.43							
	Name of Employer	Occupatio	n								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5509.24								
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt							
	Mailing Address 11400 Tomahawk Cre	ek Pkwy		08 25 2011							
	City	State	Zip Code	Transaction ID: C1348988							
	Leawood	KS	66211-2672	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		414.12							
	Name of Employer	Occupatio	n								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5509.24								

SUBTOTAL of Receipts This Page (optional)	•	467.55
TOTAL This Period (last page this line number only)	<b>•</b>	467.55

C.

SCHEDULE B (FEC Form 3X)	FOR LINE		PAGE 30/38	
TEMIZED DISBURSEMENTS	for each category of the	(check only	7 one) 7 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	e		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D Date of Disbursemen	
			0 8 0 1	2011
Mailing Address PO Box 53852			00	2011
	State Zip Code AZ 85072-3852		Amount of Each Disl	oursement this Period
Purpose of Disbursement		-		26.54
Bank card processing fee  Candidate Name		Catagony		
Candidate Name		Category/ Type		
	ment For:			
Senate   President	Primary General Other (specify) ▼			
State: District:	Care (epoony)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	119182
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Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$	Ž Ž O Š 1 Š
•	State Zip Code		Amount of Each Disl	oursement this Period
	AZ 85072-3852			1.95
Purpose of Disbursement Bank card processing fee		• •		1.95
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	119183
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			08 / 03	<sup>Y</sup> 2011 <sup>Y</sup>
	State Zip Code AZ 85072-3852		Amount of Each Disl	oursement this Period
Purpose of Disbursement	712 00072 0002			32.50
Bank card processing fee				
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	75-		
Senate	Primary General			
State: District:	Other (specify)			
otato.				
SUBTOTAL of Disbursements This Page (optional)				60.99

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 31/38									
ITEMIZED DISBURSEMENTS	for each category of the  Detailed Summary Page	(check only X 21b	one) ] 22	24 25 26								
	Detailed Summary Page	27	28a 28b	28c 29 30b								
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)	e and address of any political col	Tillillee to som	Cit Contributions from s	such committee								
American Academy of Family Physicians I	Political Action Committee											
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disburseme									
Mailing Address PO Box 53852			08 0 8	2011								
City Phoenix	State         Zip Code           AZ         85072-3852		Amount of Each Dis	bursement this Period								
Purpose of Disbursement Bank card processing fee				16.32								
Candidate Name		Category/ Type										
Senate President	ment For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disburseme	nt								
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City Phoenix	State         Zip Code           AZ         85072-3852		Amount of Each Dis	bursement this Period								
Purpose of Disbursement Bank card processing fee		• •		8.13								
Candidate Name		Category/ Type										
Senate President	ment For:  Primary General  Other (specify)											
State: District:												
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Mailing Address PO Box 53852			08 / 09	2011								
City Phoenix	State         Zip Code           AZ         85072-3852		Amount of Each Dis	bursement this Period								
Purpose of Disbursement Bank card processing fee	Г	•		44.36								
Candidate Name	C	Category/ Type										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)											
SUBTOTAL of Disbursements This Page (optional)				68.81								
TOTAL This Period (last page this line number only)												

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN		E NUMBER: PAGE 32/38 ly one)											
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	- 1-	21b 27	22 28a		23 28b	24 28c	F	25 29	26 30b						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										S						
NAME OF COMMITTEE (In Full)																
American Academy of Family Physicians F	Political Action Committe	е														
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Purpose of Disbursement Bank card processing fee									20.3							
Candidate Name			egory/ ype													
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Full Name (Last, First, Middle Initial) American Express				Date	of D	isburs										
Mailing Address PO Box 53852				0 <sup>M</sup> 8	М	/ D 1	<sup>D</sup> 2 /	Ž	0 Ť	1						
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City Phoenix	State         Zip Code           AZ         85072-3852			Amo	unt o	f Each	Disburse	-								
Purpose of Disbursement Bank card processing fee									12.44	1						
Candidate Name			egory/ ype													
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)															
State: District:																
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>						47.38	3						

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check						38												
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;					
NAME OF COMMITTEE (In Full)																			
American Academy of Family Physicians F	Political Ac	tion Committe	e																
Full Name (Last, First, Middle Initial) American Express	Transaction ID: D119333 Date of Disbursement																		
Mailing Address PO Box 53852						0 8 M / D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
•	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	ı D	isburse	men	t this f	Perioc	d d				
Purpose of Disbursement				v	-		L.	_				_	0.98						
Bank card processing fee Candidate Name					gory/ pe														
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼																	
Full Name (Last, First, Middle Initial)							Tranc	acti	on ID		D1193	22/							
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Purpose of Disbursement Bank card processing fee	· —							_					13.07						
Candidate Name					gory/ pe														
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Purpose of Disbursement Bank card processing fee				v	- 1				_			0	1.01	_					
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State: District:	Julio (spe	<b>~y</b> / <b>▼</b>																	
SUBTOTAL of Disbursements This Page (optional)					<b>&gt;</b>								15.06						

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34/38												
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	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b												
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or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of any political (	Committee to sol	icii contributions from such committee												
American Academy of Family Physicians	Political Action Committee	Э													
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American Express			Date of Disbursement												
Mailing Address PO Box 53852			0 8 M / 2 2 / Y 2 0 1 1 Y												
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period												
Purpose of Disbursement			12.46												
Bank card processing fee Candidate Name		Category/													
		Type													
Office Sought: House Disburse Senate	ement For: Primary General														
President State: District:	Other (specify)														
Full Name (Last, First, Middle Initial)			Transaction ID: D119337												
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Phoenix	AZ 85072-3852		3.25												
Purpose of Disbursement Bank card processing fee			0.20												
Candidate Name		Category/ Type													
Office Sought: House Disbursi	ement For: Primary General														
President	Other (specify)														
State: District: Full Name (Last, First, Middle Initial)															
American Express			Transaction ID: D119338 Date of Disbursement												
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City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period												
Purpose of Disbursement	7.2 00072 0002		3.25												
Bank card processing fee															
Candidate Name		Category/ Type													
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)														
State: District:	Strict (opcoiny) ▼														
SUBTOTAL of Disbursements This Page (optional)			18.96												

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SCHEDULE B (FEC Form 3X)	Use separate	e schedule(s)				E NUMBER: PAGE 35 / 38										
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American Academy of Family Physicians	Political Actio	n Committee	е													
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American Express					Date of Disbursement  O 8 D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
Mailing Address PO Box 53852																
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Purpose of Disbursement	7.2	0072 0002		• •							4.0	6				
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Full Name (Last, First, Middle Initial) American Express					- 1	<b>Transa</b> Date o			: D11 ement	9340	)					
Mailing Address PO Box 53852					08 7 29 7 2011											
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Purpose of Disbursement Bank card processing fee											23.7	3				
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State: District:																
Full Name (Last, First, Middle Initial) American Express						Transa Date o		sburs								
Mailing Address PO Box 53852						0 <sup>M</sup> 8	M .	<sup>D</sup> 2	29	Y	ž 0 1	1 Y				
City Phoenix		p Code 5072-3852				Amour	nt of	f Each	Disbur	seme	nt this	Perio	od			
Purpose of Disbursement	AZ 0	3072-3632	_		_	Γ.					0.6	5				
Bank card processing fee						-	-	-		-						
Candidate Name				tegory/ ype												
Office Sought: House Disburse Senate President	ement For: Primary Other (specify	General														
State: District:																
SUBTOTAL of Disbursements This Page (optional)				▶							28.4	4				

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### SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 36/38 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D119342 American Express Date of Disbursement 3 Ŏ 0 8 2011 Mailing Address PO Box 53852 City State Zip Code Amount of Each Disbursement this Period ΑZ 85072-3852 Phoenix 4.95 Purpose of Disbursement Bank card collection fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: D119180 Bank Of America Merchant Services Date of Disbursement 0 1 0 8 2011 Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Amount of Each Disbursement this Period 99210-2485 Spokane WA 249.38 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	254.33
TOTAL This Period (lest page this line number only)		493.97
TOTAL This Period (last page this line number only)		430.31

Primary

Other (specify)

State:

•	FEC Form	· 1		arate schedule(s)			R LINE			R:		PAGE 37/3				
TEMIZED DISB	URSEMEN	i'S		category of the Summary Page			21b 27	2	.) 2 8a	X	23 28	, F	24 280	F	25 29	П
ny Information copied fr																3
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American Academ	, ,	ysicians P	olitical A	ction Committe	e											
Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN								Transaction ID: D119298 Date of Disbursement								
Mailing Address	Mailing Address PO Box 5197									M	′	<sup>D</sup> 2 9	9 /	Y	011	ľ
City St. Croix			State VI	Zip Code 00823				A	mou	nt o	f Ea	ch C	Disburs	emer	t this F	- Perio
Purpose of Disburser					Г			L					_	25	00.00	)
Candidate Name Del. Donna M.C. (						ateg	-									
Office Sought: X	House Senate President		ment For: Primary Other (spe	2012 General												
	istrict: 00															
Full Name (Last, Firs VAN HOLLEN FO									ate o	of Di	isbu	irsen	D119 nent			
	10537 St. Paul Ste 202	St.							8 0	M		2 9	9 /	YZ	011	l Y
City Kensington			State MD	Zip Code 20895				A	mou	nt o	f Ea	ch C	Disburs			
Purpose of Disbursement Campaign contribution								] L			-			25	00.00	)
Candidate Name Rep. Chris Van He						ateg	•									
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	istrict: 08															
Full Name (Last, Firs STIVERS FOR CO									ate o	of Di	isbu	ırsen	D119 nent			
Mailing Address	4679 Winterset	Drive							8 0	M	Ĺ	2 9	9 ′	ž	0 1 1	L
City Columbus			State OH	Zip Code 43220				A	mou	nt o	f Ea	ch C	Disburs	emer	t this F	Peric
Purpose of Disburser Campaign contribution					Г			T L				20	00.00	)		
Candidate Name Rep. Steve Stivers	Name					ateg										
Office Sought: X	House Senate President		ment For: Primary Other (spe	2012 General												
State: OH Di	istrict: 15		Outer (Spt	iy) <b>▼</b>												
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50	CHEDULE B (FEC Form 3X	Use separate schedule(s)		NUMBER: PAGE 38/38
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	y Information copied from such Reports and for commercial purposes, other than using the			, ,
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Family Physic	cians Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: D119293
	BECERRA FOR CONGRESS			Date of Disbursement
				08 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address P.O. Box 261060			08 29 2011
	City	State Zip Code		Amount of Each Disbursement this Period
	Los Angeles	CA 90026		
	Purpose of Disbursement	r		1500.00
	Campaign contribution			
	Candidate Name		Category/	
	Rep. Xavier Becerra		Туре	
	J 7	isbursement For: 2012		
	Senate	X Primary General		
	President	Other (specify)		
	State: CA District: 31			

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	<u> </u>	8500.00